



# Form: Work at Height Permit

Contractor's Name and Company

---

Description of Work

---

Location of Work & access point (Campus & Block)

---

THIS PERMIT MUST BE COMPLETED IN ACCORDANCE WITH *PROCESS - WORK AT HEIGHT*

## Conditions of Permit

**YES**      **NO**

- |   |                                    |                                      |
|---|------------------------------------|--------------------------------------|
| A Safe Work Method Statement (SWMS), Job Safety Analysis (JSA) and/or Safe Work Procedure (SWP) has been provided and is attached to this work permit | <input type="checkbox"/>           | <input type="checkbox"/> (No access) |
| Have all persons assigned to work at height reviewed the SWMS and identified applicable control measures?   | <input type="checkbox"/>           | <input type="checkbox"/> (No access) |
| Have you been provided with and reviewed the campus's 'Safe Roof Access Procedure' for the applicable block?  | <input type="checkbox"/>           | <input type="checkbox"/> (No access) |
| Is the access point permanent or temporary?   | Permanent <input type="checkbox"/> | Temporary <input type="checkbox"/>   |

## General

*The following equipment will be used for the duration of the works:*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Elevated work platform i.e. scissor lift | <input type="checkbox"/> Roof and/or ladder anchor points | <input type="checkbox"/> Ropes and harness |
| <input type="checkbox"/> Step ladder                              | <input type="checkbox"/> Extension ladder                 | <input type="checkbox"/> Edge protection   |
| <input type="checkbox"/> Mobile scaffold                          | <input type="checkbox"/> Appropriate footwear             | <input type="checkbox"/> Safety net        |
| <input type="checkbox"/> Other – please specify:                  | <hr/>   |  |

*The following services have been isolated for the duration of the works:*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Smoke / thermal detectors | <input type="checkbox"/> Pipes, tanks and valves | <input type="checkbox"/> Electrical Outlets / appliances |
| <input type="checkbox"/> Other – please specify:   | <hr/>  |  |

*The following control measures have been implemented for the duration of the works:*

- |  |                                  |                                  |
|--|----------------------------------|----------------------------------|
| <input type="checkbox"/> Barricades              | <input type="checkbox"/> Signage | <input type="checkbox"/> Spotter |
| <input type="checkbox"/> Other – please specify: | <hr/>                            |                                  |

*The following environmental factors have been assessed and are suitable for the works:*

- |  |  |
|--|--|
| <input type="checkbox"/> Weather / wind          | <input type="checkbox"/> Stored material |
| <input type="checkbox"/> Other – please specify: | <hr/>                                    |

*The following additional permits are required for the duration of the works:*

- |  |  |                                   |
|--|--|-----------------------------------|
| <input type="checkbox"/> Confined Space                    | <input type="checkbox"/> Excavation & Trenching    | <input type="checkbox"/> Hot Work |
| <input type="checkbox"/> Water, Electrical & Gas Isolation | <input type="checkbox"/> Fire Equipment Impairment |                                   |
| <input type="checkbox"/> Other – please specify:           | <hr/>  |                                   |

## Safe Work Method

The safest practical method of work at height for this activity is (please tick):

- Relocate work to ground or solid construction
- Passive fall prevention
- Work positioning system
- Fall injury prevention
- Ladder (work from/access)
- Administration controls

## Emergency Procedures

**YES**      **NO**

- Communication to call for help is available
- Emergency retrieval / rescue plan is established
- First aid provisions are available
- Work is done in pairs

## Authorised Personnel

The below personnel are authorised to work at height for the duration of the works:

- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_
- Name \_\_\_\_\_

**Name of Contractor's Supervisor** \_\_\_\_\_ **Date**    /    /

**Signature** \_\_\_\_\_

NOTE: NO WORK CAN COMMENCE UNTIL PERMIT IS AUTHORISED BY SOUTH REGIONAL TAFE

## OFFICE USE ONLY

### Work at Height Authorisation

Permit No:	Permit valid from:	am/pm	on	/	/	to	am/pm	on	/	/	
Name of SRTAFE Contact									Date	/	/
Signature											

### Completion of Work

The work has been completed as required and the area has been made safe.

Name of SRTAFE Contact									Date	/	/
Signature											

### Related documents

- Policy: OSH Statement of Commitment and Intent
- Process: Working at Heights